

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5		/		/			55						
6		/		/			56						
7		6		/			57						
8		6		/			58						
9		6		/			59						
10		6		/			60						
11		6		/			61						
12		6		/			62						
13		6		/			63						
14		6		/			64						
15		6		/			65						
16		6		/			66						
17		6		/			67						
18		6		/			68						
19		6		/			69						
20		6		/			70						
21		6		/			71						
22		6		/			72						
23		6		/			73						
24		6		/			74						
25		6		/			75						
26		6		/			76						
27		6		/			77						
28		6		/			78						
29		6		/			79						
30		6		/			80						
31		6		/			81						
32		6		/			82						
33		6		/			83						
34		6		/			84						
35		6		/			85						
36		6		/			86						
37		6		/			87						
38		6		/			88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			34				TOTAL DEP.						
TOTAL CLAIMS			38				TOTAL CLAIMS						